

Before the  
Administrative Hearing Commission  
State of Missouri



STATE BOARD OF REGISTRATION  
FOR THE HEALING ARTS,

Petitioner,

v.

WILLIAM E. HINKLEY, M.D.,

Respondent.

No. 23-0105

**ORDER**

We grant the State Board of Registration for the Healing Arts' (Board) motion for emergency suspension. The license of William E. Hinkley, M.D. as a physician and surgeon is suspended upon personal service of this order. The Board shall personally serve Hinkley with this order and file proof of service with this Commission.

**Procedure**

On February 16, 2023, the Board filed a complaint and motion for emergency suspension, seeking this Commission's determination that probable cause exists to suspend Hinkley's license.

**Findings of Fact for Purposes of this Order**

1. At all relevant times, Hinkley was licensed by the Board as a physician and surgeon.
2. Hinkley's last known business address that was filed with the Board is 257 Dunn Road, Florissant, Missouri.

3. Hinkley is 79 years old.

4. On June 10, 2022, the Board received an e-mail from Hinkley's daughter alleging that Hinkley was diagnosed with dementia and was incompetent to practice medicine.

5. On June 23, 2022, the Board received a letter from Hinkley's treating physicians, Physicians 1 and 2, who are with Washington University in St. Louis School of Medicine. The physicians stated that Hinkley did not have "decisional capacity for medical care," and he may put his "patients in harm's way." Ex. 3 at 3.

*Medical Examinations of Hinkley*

6. On May 23, 2022, Hinkley was evaluated by Neuropsychologist 1, who interviewed him regarding his mental capacity to make discharge decisions regarding his own care, and concluded that Hinkley: a) "presents as significantly more paranoid and delusional than on his previous admission;" b) has "significantly confabulatory thought content;" and c) "currently DOES NOT have capacity to make medical decisions about his care or discharge planning," but his status may improve with changes in his medical status. Ex. 1 at 28.

7. On May 26, 2022, Hinkley was admitted into the Washington University Geriatrics Practice at Parc Provence (Parc Provence) for skilled physical therapy, medication administration, and wound care following hospitalization for osteomyelitis, which resulted in an evaluation of his cognition.

8. Parc Provence is an all dementia long-term care facility, and it is locked with security measures in place to prevent residents from leaving.

9. While Hinkley was at Parc Provence, Physicians 1 and 2 evaluated him by interviewing him and his family members, conducting a physical examination, and administering psychometric tests, including the Montreal Cognitive Assessment (MOCA) twice.

10. On May 27, 2022, Physician 1 evaluated Hinkley and concluded that: a) Hinkley “did not have decisional capacity for medical care;” b) his “memory and thinking impairments [are] . . . beyond normal for aging” and are “most significant in the areas of naming, language, delayed recall, and lack of insight;” c) his “impairment meets the criteria for dementia, but the cause has not yet been determined;” d) “if [Hinkley] continues to practice medicine, he may be putting patients in harm’s way;” e) “Due to the severity of his illness, William Hinkley is incapable to safely practice medicine;” and f) his neurological disorder is not reversible. Ex. 2 at 2-3.

11. On May 27, 2022, Physician 1 also administered the MOCA to Hinkley, and he received an “abnormal” score of 12. Any score lower than 18 is abnormal. Ex. 2 at 2.

12. On June 8, 2022, Hinkley was evaluated by Physician 2 regarding his cognition.

13. On June 10, 2022, Hinkley underwent another MOCA test administered by Physician 1, in which he received an “abnormal” score of 14. Ex. 7 at 3.

14. During his stay at Parc Provence, Hinkley prescribed medication to his patients with the help of his secretary and bookkeeper, who brought him documents to review.

15. Prescription and dispensing records from Walgreens show that Hinkley continued to practice medicine through at least June 27, 2022, while he was staying at Parc Provence without the opportunity to see his patients, and after Physician 1 diagnosed him with dementia and determined he was incapable of safely practicing medicine.

16. Hinkley informed the Board investigator that he updated patient charts when he was in his office, but Hinkley could not recall the last time he was in his office, which was in April 2022.

#### *BNDD Investigation*

17. In July 2022, the Bureau of Narcotics and Dangerous Drugs (BNDD) investigated Hinkley’s prescribing behavior between the dates of January 1, 2022, and July 4, 2022, including reviewing Hinkley’s patient records.

18. Hinkley did not notify BNDD that he had changed his practice location within 30 days of his admission into Parc Provence as required, and Hinkley was not registered with BNDD to conduct controlled substance activities at Parc Provence.<sup>1</sup>

19. On June 26, 2022, Hinkley's registration was automatically terminated due to his failure to notify BNDD of the address change.

20. On August 9, 2022, BNDD informed Hinkley, in part, that: a) his BNDD registration had automatically terminated as of June 26, 2022, and he had no authority to conduct controlled substance activities; b) through its investigation, BNDD established that "a very large significant number of controlled substance prescriptions were not charted and documented in patient's [sic] charts;" c) Hinkley was not electronically prescribing medication as required; and d) Hinkley did not have adequate controls and security measures in place to prevent controlled substances entering lawful [sic] channels. Ex. 10 at 3.

21. The BNDD investigator concluded that Hinkley had been prescribing controlled substances while residing at Parc Provence, and: a) had incomplete prescribing records in violation of 19 CSR 30-1.048(2);<sup>2</sup> b) patient records were improperly documented to determine if a refill of a controlled substance was timely in violation of 19 CSR 30-1.048(2), -1.031(1)<sup>3</sup> and

---

<sup>1</sup> According to § 195.030.2, "No person shall . . . dispense or prescribe any controlled substance . . . without having first obtained a registration issued by the department of health and senior services in accordance with rules and regulations promulgated by it." Statutory references are to RSMo 2016 unless otherwise noted. According to 19 CSR 30-1.023(C), "When the registrant's name or address as shown on the registration changes, the registrant shall notify the Department of Health and Senior Services in writing, including the registrant's signature, prior to or within thirty (30) days subsequent to the effective date of the change . . . [.]". According to 19 CSR 30-1.023(2)(5), a registration terminates if the person discontinues or changes a business location without applying for a new registration within 30 days.

<sup>2</sup> Regulation 19 CSR 30-1.048(2) states, "Each individual practitioner shall maintain a record of the date, full name and address of the patient, the drug name, strength, dosage form, and quantity for all controlled substances prescribed or administered."

<sup>3</sup> Regulation 19 CSR 30-1.031(1) states, "All applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances. In order to determine whether a registrant has provided effective controls against diversion, the Department of Health shall use the security requirement set forth in 19 CSR 30-1.032–19 CSR 30-1.034 as standards for the physical security controls and operating procedures . . . [.]"

§ 334.097.1(6);<sup>4</sup> c) had caused controlled substances to be unlawfully distributed, in violation of § 579.084; d) had conducted controlled substance activity without a valid registration in violation of § 195.030.2 and 19 CSR 30-1.017(2);<sup>5</sup> and e) he did not provide effective controls and procedures to detect and prevent diversion in violation of 19 CSR 30-1.031(1).

22. Hinkley's prescription history shows:

- On March 2 and 30, 2022, he wrote Patient K.M. prescriptions for Adderall (Schedule II drug)<sup>6</sup> XR 30 mg, one tablet every day at 9 a.m. and Adderall (schedule II) XR 20 mg, one tablet every day at 3p.m., respectively. Hinkley did not properly document these prescriptions in Patient K.M.'s file.
- On April 13, 2022, and June 9, 2022, he wrote Patient MM a prescription for alprazolam (Schedule IV drug) 0.5 mg, one tablet three times a day. Both of these prescriptions were called in by his secretary. No documentation of these prescriptions was in the file.
- On April 21, 2022, and May 31, 2022, he wrote Patient V.B. a prescription for Xanax (Schedule IV drug) 0.25 mg, one tablet every day at bedtime as needed for sleep. Both prescriptions were called in by his secretary. There is no documentation of either of these prescriptions in Patient V.B.'s medical file.
- On April 26, 2022, he wrote Patient P.H. a prescription for Xanax, 0.25 mg, one tablet every day at hour of sleep, which was called in by his secretary. Hinkley did not document the prescription in Patient P.H.'s medical file.

*May 23, 2022 - Neuropsychologist 1 Determined Hinkley Unable to Make His Own Medical Decisions;*

*May 26, 2022 - Hinkley Admitted into Parc Provence; and*

*May 27, 2022 – Physician 1 Diagnosed Hinkley with Dementia and Determined he was not able to Practice Medicine*

- On May 31, 2022, he wrote Patient J.S. a prescription for Xanax, 0.25 mg, one tablet at hour of sleep, which was called in by his secretary. Hinkley did not document this prescription in Patient J.S.'s medical file.

---

<sup>4</sup> Section 334.097.1(6) states, in part, "If treatment includes medication, the physician shall include in the patient record the medication and dosage of any medication prescribed, dispensed or administered[.]"

<sup>5</sup> Hinkley was registered with the BNDD to prescribe and dispense controlled substances at 257 Dunn Rd., Florissant, Missouri 63031. Respondent was admitted to Parc Provence located at 605 Coeur De Ville Drive, Creve Coeur, Missouri on May 26, 2022.

<sup>6</sup> See § 195.017, RSMo Supp. 2020.

- On June 1, 2022, Hinkley wrote Patient L.G. a prescription for alprazolam, 0.25 mg, 1 tablet every day at bedtime, which was called in by his secretary. There is no documentation of the June 1, 2022 prescription in Patient L.G.'s medical file.
- On June 1, 2022, Hinkley prescribed two separate prescriptions for amphetamine (Adderall), a Schedule II controlled substance, both in 20 mg and 30 mg for Patient K.M. Hinkley did not conduct any physical examination on Patient K.M., nor did he see the patient in person. Hinkley informed the BNDD investigator that Patient K.M. moved to Illinois and could not find a pharmacy to fill her prescriptions because he wrote 2 different milligram amounts and the pharmacy said they needed different milligram amounts of the same controlled substance on different prescriptions. Hinkley explained that Patient K.M. moved around Illinois until she could find a pharmacy that would fill her prescriptions. Patient K.M. lives in O'Fallon, Missouri, and all of Patient K.M.' prescriptions were filled by two Walgreens pharmacies in O'Fallon, Missouri.
- On June 3, 2022, he wrote Patient C.L. a prescription for alprazolam, 0.25 mg, 1 tablet every 6 to 8 hours as needed for anxiety/sleep, which was called in by his secretary. The June 3, 2022 prescription was not recorded in Patient C.L.'s file.
- On June 9, 2022, he wrote Patient R.W. a prescription for lorazepam (Schedule IV drug) 1 mg, 1 tablet three times a day, which was called in by his secretary. There was nothing in the medical file showing the June 9, 2022 prescription.
- On June 9, 2022, he wrote Patient J.E. a prescription for alprazolam, 0.25mg, 1 tablet every day, which was called in by his secretary. The only record in Patient J.E.'s medical file was from an appointment on January 13, 2022. There was no record for the prescription written by Hinkley on June 9, 2022.
- On June 10, 2022, he wrote Patient T.W. a prescription for Xanax (C-IV) 0.25mg, 1 tablet twice a day, which was called in by his secretary. Patient T.W.'s records only show an appointment on December 17, 2021. There is one sheet of paper stating 6/7 JE 3-27-41 anax .25mg #90.
- On June 17, 2022, he wrote Patient R.C. a prescription for Xanax (C-IV) 0.25 mg, 1 tablet every 6 to 8 hours as needed for anxiety/sleep, which was called in by his secretary. Patient R.C.'s records show an appointment on February 22, 2022 and March 15, 2022, but there were no records for the prescription of Xanax prescribed by Hinkley on June 17, 2022.

*June 26, 2022 – Hinkley's Prescription Authority  
Was Automatically Revoked*

- On July 8, 2022, he prescribed Patients M.H. and D.M. alprazolam.
- On July 14, 2022, he prescribed Patient P.R. lorazepam.
- On July 21, 2022, he prescribed Patient P.H. alprazolam.

26. In August 2022, Hinkley checked out of Parc Provence against Physician 1's medical advice.

### **Conclusions of Law**

We have authority to hear this matter. Section 334.102.1. The Board alleges in its complaint and motion for emergency suspension that there is cause for emergency suspension of Hinkley's license under § 334.102.1(8), which provides:

1. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a licensee for the following causes:

\*\*\*

(8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

Pursuant to § 334.102.3, the standard for emergency suspension is whether probable cause exists that the conduct occurred.<sup>7</sup> For purposes of civil law:

The Missouri Supreme Court has defined probable cause for the institution of a civil action to consist of: (1) the plaintiff's belief in the facts alleged, (2) based on sufficient circumstances to reasonably induce such belief by a person of ordinary prudence in the same situation, plus (3) a reasonable belief that under the facts the claim may be valid under the applicable law.

*Holley v. Caulfield*, 49 S.W.3d 747, 751 (Mo. App. E.D. 2001), citing *Haswell v. Liberty Mut. Ins. Co.*, 557 S.W.2d 628, 633 (Mo. banc 1977), and Restatement (Second) of Torts, section 675. See also *State ex rel. Police Retirement System of St. Louis v. Mummert*, 875 S.W.2d 553, 555 (Mo. banc 1994) (as a defense to a malicious prosecution claim, "probable cause for a civil suit means a reasonable belief in the facts alleged, plus a reasonable belief that the claim may be

---

<sup>7</sup> The probable cause standard applied for purposes of emergency suspension does not require the same degree of scrutiny as needed for our final decision on whether there is cause to discipline Hinkley's license. See *In re Care & Treatment of Tyson*, 249 S.W.3d 849, 853 (Mo. banc 2008) (contrasting a court's preliminary finding of probable cause with its ultimate determination of a person's status as a sexually violent predator in a civil commitment case).

valid.”) (internal citation omitted); *Jamison v. Mo. Dep’t of Soc. Servs.*, 218 S.W.3d 399, 411 (Mo. banc 2007) (as applied to a juvenile court’s determination that children were in a potentially negative environment, “[p]robable cause’ exists when the available facts ‘would cause a reasonable person to believe a child was abused or neglected’ when viewed in the light of the surrounding circumstances.”) (internal citation omitted); and *Raymond v. Young*, 272 S.W.3d 452, 454 (Mo. App. W.D. 2008) (as a defense against statutory treble damages to a trespass claim, “probable cause” exists when the trespasser had such cause as would induce a reasonable person to believe he had the right to trespass) (internal citations omitted).

The common thread in these authorities is the requirement of a reasonable belief in the alleged facts and a reasonable belief that a claim is valid. We apply this probable-cause standard to determine whether the Board’s evidence establishes there is an articulable case for cause to issue an emergency suspension of Hinkley’s license pursuant to § 334.102.1(8). In accordance with § 334.102.2, the Board has submitted certified records from Parc Provence, Walgreens, the Board investigation file, and BNDD, and affidavits from Physicians 1 and 2.

Section 334.102.1(8) requires a two-part inquiry. First, we must determine whether the Board may discipline Hinkley for his alleged conduct. Second, we must determine whether the conduct constitutes a serious danger to the health, safety, or welfare of a patient or the public.

In its complaint and motion for emergency suspension, the Board alleges it has cause to discipline Hinkley’s license pursuant to § 334.100.2 (4), (4)(I), (5) and (13), RSMo Supp. 2018.

#### Grounds for Discipline under § 334.100.2

Section 334.100.2 provides in relevant part:

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:



\* \* \*

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:[<sup>8</sup>]

(1) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating[<sup>9</sup>] to medical records;

\* \* \*

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;[<sup>10</sup>]

\* \* \*

(13) Violation of the drug laws or rules and regulations of this state, including but not limited to any provision of chapter 195, any other state, or the federal government;

We address each of these below.

*Misconduct, Unethical Conduct, Unprofessional Conduct,  
and Failure to Furnish Details of a Patient's Medical  
Records – Section 334.100.2(4) and (4)(1)*

The term "misconduct" means "transgression, dereliction, unlawful, or wrongful behavior, or impropriety that is willful in nature." *Grace v. Mo. Gaming Comm'n*, 51 S.W.3d 891, 900 (Mo. App. W.D. 2001), citing *In re Conard*, 944 S.W.2d 191, 201 (Mo. banc 1997).

---

<sup>8</sup> In its complaint and motion for emergency suspension, the Board alleges that Hinkley engaged in misconduct, unethical conduct, and unprofessional conduct in the performance of the functions and duties of his profession. The Board does not allege that Hinkley engaged in fraud, misrepresentation, or dishonesty.

<sup>9</sup> To relate is to have a logical connection. MERRIAM-WEBSTER'S COLLEGIATE DICTIONARY 1050 (11th ed. 2004).

<sup>10</sup> In its complaint and motion for emergency suspension, the Board argues that Hinkley's conduct was a serious danger to the health, safety, or welfare of a patient or the public. The Board does not allege Hinkley was incompetent or engaged in gross negligence or repeated negligence in the performance of the functions or duties of his job as a physician.

“[M]isconduct requires not only the doing of a wrongful act,” but that the act be *intended* to be wrongful. *Id.* (emphasis added).

Unprofessional conduct is conduct that fails to “conform[] to the standards of a profession.” WEBSTER’S NEW COLLEGE DICTIONARY 1237 (3d ed. 2008). “Ethical” means “2. Conforming to accepted principles of right and wrong that govern the conduct of a profession.” *Id.* at 393. Unethical conduct and unprofessional conduct include “any conduct which by common opinion and fair judgment is determined to be unprofessional or dishonorable.” *Perez v. Missouri Bd. of Regis’n for the Healing Arts*, 803 S.W.2d 160, 164 (Mo. App. W.D. 1991).<sup>11</sup>

The Board has not established probable cause that Hinkley acted with wrongful intent considering his cognitive impairment. Accordingly, there is not probable cause that Hinkley engaged in misconduct.

However, there is probable cause that Hinkley engaged in unprofessional conduct when he failed to conform to legal requirements imposed on physicians.<sup>12</sup> Section 334.097.1 requires physicians to maintain adequate and complete patient records, which contain, in part, “medication and dosage of any medication prescribed, dispensed or administered[.]” Section 334.097.1(6). Likewise, subsection (4)(l) deems “failing to comply with any other law relating to medical records” as a form of “unprofessional conduct.”

The Board presented evidence that Hinkley failed to maintain adequate, complete, and ongoing patient records in violation of § 334.097.1(6). In many instances, no records were maintained at all. Hinkley told the Board investigator that he updated patient charts when he was

---

<sup>11</sup> With respect to the definition of “unprofessional conduct,” provided in *Perez*, the Missouri Supreme Court criticized that definition, calling it “circular,” and stated:

This Court interprets “unprofessional conduct” in this case to refer, first, to the specifications of the matters “including, but not limited to” these 17 grounds specified in as subparagraphs (a)-(q) of section 334.100.2(4).

*Albanna v. State Bd. of Regis’n for the Healing Arts*, 293 S.W.3d 423, 431 (Mo. banc 2009).

<sup>12</sup> We do not consider whether Hinkley engaged in dishonorable conduct giving rise to unethical conduct because we lack expert opinion on this matter, and the Board did not address this in its brief.

in the office, but he could not recall the last time he was in the office. The fact that Hinkley thought he was keeping proper records when he was not is an example of the significance of this violation.

In addition, there is probable cause that Hinkley failed to obtain a new registration allowing him to prescribe controlled substances while residing at Parc Providence, and, in turn, he prescribed them without a registration after he failed to notify BNDD 30 days after he began prescribing medication at Parc Providence pursuant to 19 CSR 30-1.023(2)(5).

The Board established probable cause that Hinkley engaged in unprofessional conduct and failed to furnish details of a patient's medical records pursuant to § 334.100.2(4) and (4)(l).

*Harmful Conduct – Section 334.100.2(5)*

The Board alleges that Hinkley's conduct is harmful to his patients. Harmful means "of a kind likely to be damaging; INJURIOUS[.]" MERRIAM-WEBSTER'S COLLEGIATE DICTIONARY 569 (11th ed. 2004). Dangerous means "able or likely to inflict injury or harm[.]" *Id.* at 292. Conduct that "is or might be harmful or dangerous to the mental or physical health of a patient or the public" pursuant to § 334.100.2(5) is conduct that is or might be unreasonably harmful or dangerous to the mental or physical health of a patient or the public. *Albanna v. State Bd. of Reg'n for Healing Arts*, 293 S.W.3d 423, 435 (Mo. banc. 2009).

Physicians 1 and 2 were compelled to inform the Board of Hinkley's cognitive impairment, and specially informed the Board that if Hinkley continued to practice medicine, he may put patients in "harm's way." Ex. 2. There is probable cause that Hinkley's cognitive impairment is causing him to fail to properly document patients' records, which can lead to later misinformation as to the patient's medical history and drug usage, and Hinkley prescribed controlled substances without a valid registration, which bypasses regulatory safeguards that are in place to help prevent controlled substance abuse or misuse. While it appears these actions are a result of Hinkley's cognitive impairment, they still pose a serious health risk to his patients.

For example, Hinkley’s recollection of patient K.M., to whom he prescribed a Schedule II controlled substance on at least three occasions and whose charts lacked proper documentation of at least six prescriptions, was inaccurate and contradicted by the records.

We accept Physicians 1 and 2’s expert opinions that Hinkley’s patients are in harm’s way if he continues to practice medicine. There is probable cause that Hinkley’s conduct might be harmful or dangerous to the mental or physical health of a patient pursuant to § 334.100.2(5).

*Violation of Drug Laws – Section 334.100.2(13)*

Hinkley is required to have a valid registration to prescribe controlled substances pursuant to § 195.030.2. He did not have a valid registration when he prescribed alprazolam and lorazepam after his registration automatically terminated on June 26, 2022. There is probable cause the Hinkley violated § 195.030.2, and there is cause for discipline pursuant to § 334.100.2(13) because he violated “any provision of chapter 195.”<sup>13</sup>

*Serious Danger to Health, Safety, or  
Welfare of a Patient or Public*

The Board has presented probable cause that it has cause to discipline Hinkley’s license pursuant to § 334.100.2(4), (4)(1), (5), and (13), as discussed above. The remaining question is whether these acts present “a serious danger to the health, safety, or welfare of a patient or the public. Section 334.201.1(8).

In *Donaldson v. Missouri State Bd. of Reg’n for the Healing Arts*, 615 S.W.3d 57, 67 (Mo. 2020), the court held that “§ 334.102 does not require the “cause” for emergent suspension to be presently occurring for the Board to seek an emergency suspension of a license” and “[t]he only prerequisite is the Board’s belief that the licensee has engaged in one of the prohibited activities listed in the statute.”

---

<sup>13</sup>We do not find probable cause that Hinkley violated § 579.084, as alleged by the Board, because this requires that Hinkley “knowingly” distributed controlled substances without a valid registration. We cannot reach this conclusion because he has a diagnosis of dementia.

While this Commission does not have evidence that Hinkley is currently engaged in the practice of medicine, the standard as set out in *Donaldson* does not require such evidence.

The Board has established probable cause that Hinkley's conduct presents a "serious danger to the health, safety, or welfare of a patient or the public" as discussed above. Section 334.102.1(8). As we stated above, we accept Physicians 1 and 2's expert opinions that Hinkley's patients are in harm's way if he continues to practice medicine. It is more than just harmful conduct, it constitutes a serious danger to the health, safety, or welfare of a patient. We find there is probable cause to suspend Hinkley's license pursuant to § 334.102.1(8).

#### **Summary**

We grant the Board's motion for an emergency suspension of Hinkley's license. Hinkley's license as a physician and surgeon is suspended immediately upon service of this order. The Board shall personally serve Hinkley with this order and file proof of service with this Commission.

A hearing on this emergency suspension remains set for March 29, 2023.

SO ORDERED on February 21, 2023.

  
\_\_\_\_\_  
RENEE T. SLUSHER  
Commissioner